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APPLICATION FOR LOCKSMITH BUSINESS REGISTRATION

Application Type: Check one of the following:

☐ Initial

☐ Renewal

☐ 2yr Renewal

TYPE OF OWNERSHIP: Check one of the following:

☐ Corporation

☐ Sole Proprietor

☐ Fictitious Name

☐ Other _____

Date of Inc: ____ - ____ - ____

D.O.B: ____ - ____ - ____

D.O.B.: ____ - ____ - ____

BUSINESS INFORMATION:

1. Company Name: _____
2. D/B/A: _____
3. Address : _____
4. Mailing Address: _____
5. Phone Number: _____ Fax Number: _____ Cell Number _____
6. Email Address: _____ County Locksmith License Number: _____
7. Federal Tax Identification Number (FEID#): _____

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: _____

Owner/Officer Name: _____

Position: _____

Position: _____

Date of Birth: _____

Date of Birth: _____

Address & Zip Code _____

Address & Zip Code _____

Person Actively in Charge of Business:

Name: _____

Title: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: (____) ____ - _____

Mobile Number: (____) ____ - _____

Please answer yes or no to the following questions:

Yes ☐ No ☐ Do you or any partner(s), corporate officer(s) or stockholder(s) have any convictions, in any jurisdiction, whether or not adjudication has been withheld for felonies, misdemeanors or ordinance violations (excluding traffic violations), for robbery, burglary, larceny, theft, possession of a stolen car, breaking and entering, or any other crime related to locksmithing for the past five (5) years for the individual applicant, for each general partner of a partnership or for each owner, officer or director of a corporation. *If yes, please provide details on a separate sheet.*

Yes ☐ No ☐ Do you or any partner(s), corporate officer(s) or stockholder(s) have any convictions, in any jurisdiction, whether or not adjudication has been withheld of any felony involving moral turpitude relating to sex, the use of a deadly weapon, homicide, violence against a law enforcement officer, or as a habitual violent felony offender for the individual applicant for each general partner of a Partnership, or for each owner, officer, or director of a corporation. *If yes, please provide details on a separate sheet.*

Yes ☐ No ☐ Do you, or any partner(s) or corporate officer(s), if applicable owe money to Miami-Dade County, either individually or through any other business, as a result of any of the following: unpaid civil penalties; unpaid administrative costs for a hearing; unpaid County investigative, enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

ADDITIONAL OFFICES: (Please attach a separate paper for additional office addresses.)

Address: _____

City/State/Zip: _____

Primary Number: (____) ____ - _____

Secondary Number: (____) ____ - _____

Address: _____

City/State/Zip: _____

Primary Number: (____) ____ - _____

Secondary Number: (____) ____ - _____

LIST ALL PERSONS PERFORMING LOCKSMITH WORK. (Please attach a separate paper for additional names).

LOCKSMITH NAME	CERTIFICATION #

LOCKSMITH VEHICLE(S) INFORMATION (Attach a separate sheet if necessary)

<u>YEAR/MAKE/MODEL</u>	<u>VEHICLE ID/VIN</u>	<u>VEHICLE TAG NO.</u>

Complete the following checklist including those items attached or enclosed with this application:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> County Local Business Tax Receipt |
| <input type="checkbox"/> License Fees | <input type="checkbox"/> Articles of Incorporation or Fictitious Name Registration |
| <input type="checkbox"/> Certificate of Insurance for General; Liability (minimum 25,000). | <input type="checkbox"/> Workers' Compensation paperwork |
| <input type="checkbox"/> Active Locksmith Registrations with Miami-Dade Consumer Protection Division | <input type="checkbox"/> Copy of Owner's Driver's License |
| | <input type="checkbox"/> Workers' Compensation Certificate of Insurance (if applicable) |
| <input type="checkbox"/> Letter affirming that Workers' Compensation Insurance is not required by law (You may use the form below) | <input type="checkbox"/> State of Florida Certificate of exemption for Workers' Compensation (if applicable) |
| <input type="checkbox"/> <u>Photographs of locksmith vehicles showing required signage</u> | |

Miami Dade County Ordinance. Article XIII.

Commercial Vehicle Identification. Sec. 8A-276 (a)(1)(b)

Every commercial vehicle operated on the streets of the County shall at all times display, permanently affixed and plainly marked on both side in letters and numerals not less than three (3) inches in height, the name, address, telephone number and the business license number issued to the business.

Letter affirming Workers' Compensation Insurance not required by Florida law

Under penalties of perjury, I, _____, as (Circle One) Individual Owner/General Partner/Officer or Director, Hereby affirm that under Section 440 of the Florida Statutes and other applicable Florida laws, The Business known as: _____ is not required to carry Workers' Compensation Insurance for the following reasons: _____

Signature

Date


I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to the Article VII of Chapter 8A of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisement. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio, television and internet ads, commercial vehicle ads, signs, announcements, and displays. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Locksmith Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**


APPLICANT SIGNATURE


DATE


FOR ALL CORPORATE OFFICERS AND SOLE PROPRIETORS

Social Security Number Collection Policy: Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. The Office of Consumer Protection only collects the last 4 digits of your Social Security number for verification of identification purposes. Please **Only enter the last four (4) numbers of your Social Security number below.**

_____/ 
Name/**ONLY** Last (4) four of Social Security Number

_____/ 
Name/**ONLY** Last (4) four of Social Security Number

_____/ 
Name/**ONLY** Last (4) four of Social Security Number

_____/ 
Name/**ONLY** Last (4) four of Social Security Number